

FIELD POLICE DEPARTMENT

PAGE 2 OF 6 PAGES

Event No. 94002765	Correct Offense Type Missing Person	Victim's Name Olinger, Melvin
Date of Report 1-24-94	Form Used For <input type="checkbox"/> Additional Public Information <input checked="" type="checkbox"/> Investigative Supplement	

stated that he had seen Lee Moore in a blue car recently but Lee told him that he got the car from a dope fiend. He said he didn't believe Lee but didn't ask any other questions about the car. We asked when was the last time he had seen Lee in the car and he could not remember. He said not today or yesterday. We then showed Kinley a composite of himself and said that a clerk had described him as being at J.C. Pennys on Saturday. He then stated that he was there with Lee Moore while Moore bought some jewelry and clothing. He stated he believed that Moore was using his own credit card. We then asked Kinley to write Olinger's name several times on a piece of paper. After he did so we told him we didn't believe he had used the credit card but we wanted to know what Lee Moore had told him about how he got the card. Kinley asked us if Lee Moore would find out what he was saying. Kinley then stated we should talk to Jason. We stated we would talk to Jason but we would like to know everything that he knew about the credit card, the blue car, and the disappearance of Melvin Olinger. Sgt. Roberts then showed a picture of Melvin Olinger to Larry Kinley. Kinley asked us if our conversation was going to be repeated to Lee Moore. He stated that he was afraid of Moore and would not want to face him in court. We advised him that we only wanted to get the truth and that we would interview Moore just as we had him. He then stated that he was with Moore when he had bought jewelry and clothing on Saturday. He stated that Lee was wearing some of the jewelry and clothing at this time. He stated that he didn't get anything for himself from the use of the credit card. He stated

S. Suspect W. Witness	Code	Name/Clothing Description	Sex	Race	Age/O.O.B.	Height	Weight	Hair	Eyes
	Dress	Social Security No.		Home Phone		Other Phone			
Case Status <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared Excp.			If Case Cleared, How Cleared <input type="checkbox"/> Arrest <input type="checkbox"/> Directed To Prosecutor <input type="checkbox"/> Refused To Prosecute			Station Adjustment <input type="checkbox"/>		Other Excep. <input type="checkbox"/>	
LEADS/NCIC. Number		Sent Date	Time	Cancel Date	Time	Operator	Evidence <input type="checkbox"/>	Continued <input type="checkbox"/>	
Officer's Signature <i>[Signature]</i>			Unit No. 47	Supervisor Approving		Unit No. CC 0241			

IRFIELD POLICE DEPARTMENT

PAGE 3 OF 6 PAGES

Event Number 94-2765	Correct Offense Type Missing Person	Victim's Name Olinger, Melvin
Date of Report 1-24-94	Form Used For <input type="checkbox"/> Additional Public Information <input checked="" type="checkbox"/> Investigative Supplement	

that Lee had picked him up Saturday and had him go with him to Northgate and to Tri-County. Kinley was asked where the blue car was now. He stated that Moore had maybe taken it and dumped it into the river because he had not seen it and everybody knew Moore had stolen it. We then told Kinley that we were sure that Olinger was dead and that he should tell us where we could find the body. Kinley again asked if Moore was going to know that he had talked about any of this and we stated we would only interview Moore as we had him. Kinley then stated that Moore had shot Olinger and killed him. He again stated that we should talk to Jason and find out the rest. We stated that he should tell us everything that he knows about the shooting. He stated that he didn't want to get Jason into trouble, but he felt he needed to "save his own black ass." Kinley stated that he was at his aunts, where he had been staying, on the 14th Jason came into the apartment and said Lee was outside and wanted him to go with him. He stated he went outside and Moore had him get in a blue car. Moore told him he had a guy in the trunk and needed to find a "place". I asked him what Moore meant when he said he needed a place and Kinley replied a place to shoot him. I then asked him how did he know that was what Moore was intending to do. He replied he was holding the gun on his lap and we had talked about doing this before. I asked him what had they talked about and he stated they talked about killing a dude, "you know, getting juiced". I asked him if that was why Moore had picked him up so he could do the shooting. Kinley replied that he had said he would do it but Moore never asked him he just went ahead

Suspect Witness	Code Name/Clothing Description	Sex	Race	Age/DOB	Height	Weight	Hair	Eyes
	Address	Social Security No.		Home Phone		Other Phone		
Case Status		If Case Cleared, How Cleared						
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared Excp.		<input type="checkbox"/> Arrest <input type="checkbox"/> Directed To Prosecutor <input type="checkbox"/> Refused To Prosecute <input type="checkbox"/> Station Adjustment <input type="checkbox"/> Other Excp.						
LEADS/NCIC Number		Sent Date	Time	Cancel Date	Time	Operator	Evidence	Continued
Officer's Signature		Unit No.	Supervisor Approving		Unit No.			

CC 0242

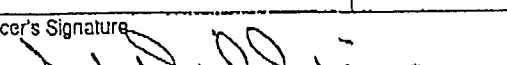
IRFIELD POLICE DEPARTMENT

PAGE 4 OF 6 PAGES

Report No. 94C 2765	Correct Offense Type Missing Person	Victim's Name Olinger, Melvin
Date of Report 1-24-94	Form Used For Additional Public Information <input type="checkbox"/>	Form Used For Investigative Supplement <input checked="" type="checkbox"/>

and shot him himself. Kinley was asked where the shooting had taken place. He stated he wasn't really sure. He thought it was some place by some train tracks and a big painting on a wall. He then stated that we should talk to Jason. I asked Kinley if that was really all that happened or would I get a different story from Lee Moore. I told him to tell it all now so we can clear it up. He then stated that Jason and Lee had gone to the Hamilton area to do a car jacking. They picked that area because it was out of the way. They did not find anything they wanted in Hamilton so they drove to Fairfield and parked Moores Fairmont at Patterson Blvd. and Pleasant Ave. This was at about 7:30 pm or 8:00 pm. They saw a blue Ford Taurus turn west or Patterson Blvd. The car had Michigan license plates on it. Jason and Lee thought this would be a good one to hit since the vehicle was from out of state. They followed the vehicle and watched the operator park and go into Ginas Lounge. They waited until about 9:00 pm when Melvin Olinger came out of the bar and approached his car. Lee Moore told Jason to drive back to the apartment. Moore approached Olinger with a chrome plated .357 cal. revolver and ordered him into his Taurus. Olinger offered him his money, wallet, and car. Olinger asked Moore not to hurt him since his mother was ill and needed him. They drove from the parking lot south on Rt. 127. At some point between Fairfield and Compton Groves Apartments Moore placed Olinger in the trunk of the vehicle. He told Olinger he would kill him if he made any noise.

Jason had arrived at the apartment before Moore and told Kinley that Moore

Suspect S.W.	Code	Name/Clothing Description	Sex	Race	Age/D.O.B.	Height	Weight	Hair	Eyes
	Address	Social Security No.		Home Phone		Other Phone			
Case Status			If Case Cleared, How Cleared						
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared Except.			<input type="checkbox"/> Arrest <input type="checkbox"/> Directed To Prosecutor <input type="checkbox"/> Refused To Prosecute <input type="checkbox"/> Station Adjustment <input type="checkbox"/> Other Excep.						
LEADS/NCIC Number		Sent Date	Time	Cancel Date	Time	Operator	Evidence	Continued	
Officer's Signature			Unit No.	Supervisor Approving			Unit No.		
			47				CC 0243		

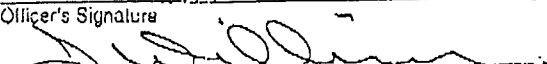
Event Number

FAIRFIELD POLICE DEPT SUPPLEMENTARY REPORT FAIRFIELD POLICE DEPARTMENT

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Report No. 94002765	Correct Offense Type Missing Person	Victim's Name Olinger, Melvin
Date of Report 1-24-94	<input type="checkbox"/> Form Used For Additional Public Information <input checked="" type="checkbox"/> Form Used For Investigative Supplement	

was on his way with a guy and he would have him in the trunk. Kinley was asked if this suprised him and he stated no. They had discussed finding someone to kill prior to this event. He stated he had boasted that he could kill someone if he had the chance and he figured this was going to be it. He stated that even though Moore didn't ask him if he wanted to do the shooting he doesn't know if he would or not. He stated it would be a way to gain some respect. He also stated that if he refused to shoot he would have been thought of as a "punk". When Moore arrived Kinley met him in the parking lot. Moore told him he had one in the trunk. He then told Kinley to take the Michigan license plates off of the Tarus and throw them in the dumpster. He then told Kinley to take his rear license plate off of his Fairmont and put it on the Tarus. Moore and Kinley then began driving and searching for a place to kill Olinger. Kinley stated he couldn't think of any good places. Moore then drove them to 3366 Llewellyn in Cincinnati. Kinley stated that Moore turned the car around and backed the rear of it up near a dumpster and a building. He got out and unlocked the trunk. Kinley got out of the car and got the keys from Moore. Moore Held the trunk lid down while handing the keys to Kinley. Kinley got back into the car. Moore ordered Olinger out of the trunk and demanded all of his money and his wallet. He then told Olinger to walk between the dumpster and the building. Kinley heard Moore tell Olinger to turn around and he then heard a single gun shot. Kinley stated he could not see anything since the trunk lid was up. Moore returned to the car and closed the trunk. He got into

S. Suspect W. Witness	Code	Name/Clothing Description	Sex	Race	Age/D.O.B.	Height	Weight	Hair	Eyes
	Address	Social Security No.		Home Phone		Other Phone			
Case Status			If Case Cleared, How Cleared			Refused To Prosecute			Other Excep.
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared Except.			<input type="checkbox"/> Arrest <input type="checkbox"/> Directed To Prosecutor			<input type="checkbox"/> Station Adjustment			<input type="checkbox"/> Other Excep.
LEADS/NCIC. Number		Sent Date	Time	Canceled Date	Time	Operator	Evidence		Continued
							<input type="checkbox"/> <input type="checkbox"/>		
Officer's Signature			Unit No.	Supervisor Approving			Unit No.		
			47				CC 0244		

Event Number

Report Number 94065	Correct Offense Type Missing Person	Victim's Name Olinger, Melvin
Date of Report 1-24-94	<input type="checkbox"/> Form Used For Additional Public Information	<input checked="" type="checkbox"/> Form Used For Investigative Supplement

the car laughing. He threw the wallet to Kinley. Moore stated "I popped him in the dome. His fucking brains are all over the wall." Kinley stated he replied to Moore "Lets go get some 40's". Kinley ,while looking thru Olingers wallet found a Jeannie card. Moore became upset when he relized he had killed Olinger before he had asked him for his Jeannie card number.

The interview was concluded at approximately 8:00 pm.

Sgt. Roberts, Det. Williamson, and Chief Al Schaffer of Mt. Healthy P.D. along with Larry Kinley went to 3366 Llewellyn and it was there we discovered the body of Melvin Olinger.

Suspect W. Witness	Code	Name/Clothing Description	Sex	Race	Age/D.O.B.	Height	Weight	Hair	Eyes
Case Status			Social Security No.			Home Phone		Other Phone	
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared Except.			If Case Cleared, How Cleared			Station Adjustment		Other Excep.	
<input type="checkbox"/> Arrest <input type="checkbox"/> Directed To Prosecutor <input type="checkbox"/> Refused To Prosecute			Time			Operator		Evidence Continued	
EADS/NCIC. Number			Sent Date			Unit No.		Supervisor Approving	
Officer's Signature			Unit No.			Unit No.		CC 0245	

Phone

Mother's Name

1) School

HEARING

HEARING		Date	Result	Date	Result
(Under: Result Indicate Pass or Fail)					
P.R.M.D.		1-22-83	P		
G-19		10/20/84	Normal		
		12/20/90	Good		
			OK		

SPEECH

☐ Normal ☐ Articulation Problem ☐ Any Other
☐ Voice Disorder ☐ Language Problem ☐ Other

Check appropriate box when applicable:

	Maximum improvement	Corrected
1. <i>Staphylococcus aureus</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>Staphylococcus saprophyticus</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Staphylococcus sciuri</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. <i>Staphylococcus carnosus</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
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58. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
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64. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
65. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
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68. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
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73. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
74. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
75. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
76. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
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78. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
79. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
80. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
81. <i>Staphylococcus epidermidis</i>	<input type="checkbox"/>	<input type="checkbox"/>
82. <i>Staphylococcus</i>		

VISION

Ohio Revised Code
Required by Compulsory Immunization Law, Section 3301.07 of

Indicate any conditions and/or diseases of the student the teacher should know of _____

VISION							
Muscle Balance							
Farsightedness							
Color							

2

Additional

Screening

Woolley

Health

amination

SCHOOL HEALTH RECORD

3613.13(Rev. 1974) Ohio Department of Health

TUBERCULIN

8/31/87

time

22

CC 0246



MT. HEALTHY HIGH SCHOOL

2046 Adams Road, Cincinnati, Ohio 45231

Guidance Office
(513) 729-0130

WITHDRAWAL PERMIT

PUPIL Lee Moore (750291) GRADE 10 DATE 1/29/93
 REASON moving out of district - Howard N.S.
 AUTHORIZATION _____

MODERN EARTH SCIENCE

PERIOD	SUBJECT	GRADE TO DATE	BOOKS RETURNED			TEACHER SIGNATURE	AMOUNT OF FEE	
			YES	NO (BOOK NO.)	N/A		OWED	REFUND
1	Meteorology	N/A		✓ 36-78		Feller	21.00	21.00
2	English III	N/A		✓ 178-78		CPW	21.00	21.00
3	Amer. History	N/A	✓	✓ 1800		Walker	21.00	21.00
4	G. Alg. I Pt. 1	N/A	✓	✓ 228-87		W.E.	26.00	26.00
5	P.E. II	N/A	✓			Terry		
6	Careers	I		1				

RECEIPT

Date 2-9 1993 No. 9792

Received From Lee Moore

Address Metro text 36-78 21.00

Eng. McDaniel 178-78 21.00 Dollars \$ 100.50

For Amer History 1800 Alg I 228-87 - 26.00

ACCOUNT		HOW PAID	
AMOUNT		CASH	✓
AMOUNT PAID		CHECK	
BALANCE		MONEY ORDER	

Careers - 14.50

By B. Keller

Parent or Guardian Signature
(TO RELEASE RECORDS)

CC 0247

31
21
18
26
14.50
100.50

net
2.00 of justice
J. money

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

DAVE

909 Sycamore Street, Suite
Cincinnati, Ohio 45
Phone: (513) 651-9
Fax: (513) 352-1

WALTER S. SMITSON, PH.D.
Executive Director

NANCY SCHMIDTGOESSLING, PH.D.
Director

WILLIAM WALTERS, PH.D.
Assistant Director

GAIL HELLMANN, M.D.
Medical Director

MARILYN GEEDING, L.I.S.W.
Treatment Coordinator

SHERRY SANDERS, L.P.C.C.
Forensic Liaison

CHARLOTTE E. HOLLAND
Office Manager

September 2, 1994

Woodward High School
Attn: Records
7001 Reading Road
Cincinnati, Ohio 45237

BOARD OF TRUSTEES:

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MR. EDWARD H. KIM

MR. ARUN LAI

MR. THOMAS B. SCHERPENBERG

MR. DANIEL J. VALERIO

RE: Lee Moore

DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell/JP

Jenny O'Donnell, B.S.
Psychology Trainee

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

CC 0248

SCHOOL NAME

WOODWARD

DATE PRINTED 08/13/93

PRIVACY FLAG

0

SCHOOL CODE	480	STUDENT NUMBER	6220312-0	GRADE	10	SPEC ED	110	HOME ROOM	0000	LAST NAME	MOORE	FIRST NAME, MI.	LEE EDWARD JR	SEX	M	RACE	B	DATE OF BIRTH	10/19/74	PROOF OF AGE	150
100	100	100	100	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195

HOUSE NUMBER	01101	STREET NAME	CLEARBROOK DR	APARTMENT	215	ZIP CODE	45229	TELEPHONE NUMBER	2421482	ATTEND REASON	DS	DISTRICT SCHOOL CODE	480	OPEN ENROLL	245	ALTER PROG	250	FED. EMP.	255	LUNGEY CODE	260
200	201	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	

DATE SENT TO CENSUS	1/5/94	PREVIOUS SCHOOL	000	RECEIVING SCHOOL	315	STATUS	0	MULTIPLE BIRTH (TWINS, ETC.)	355	STREET NAME	OUT OF DISTRICT	CITY	370	STATE	375
300	310	320	330	340	350	360	370	380	390	400	410	420	430	440	450

FATHER'S FIRST NAME	LEE SR	FATHER'S LAST NAME	MOORE	DECEASE CODE	N	MOTHER'S FIRST NAME	GEORGIA	MOTHER'S LAST NAME	MOORE	DECEASE CODE	N
400	410	420	430	440	450	460	470	480	490	500	510

GUARDIAN/OTHER ADULT FIRST NAME	GUARDIAN/OTHER ADULT LAST NAME	RELATIONSHIP CODE	515
500	510	520	530

Legal Guardian Codes: 1 Legal Guardian (Proper Documentation needed - See flip chart "Instructions for pupil record changes")
 2 Institutional Placement
 3 Grandparents
 4 Other
 5 Sister/Brother
 6 Stepfather
 7 Stepmother

Other Adult Codes: 1 Birth Certificate
 2 Religious Record
 3 Passport
 4 Hospital/Physician's Record
 5 Others

Proof of Age Codes: 1 Birth Certificate
 2 Religious Record
 3 Passport
 4 Hospital/Physician's Record
 5 Others

Race Codes: 1 Asian or Pacific Islander
 2 Black
 3 Hispanic
 4 American Indian/Alaskan Native
 5 White
 6 Multiracial

For Census Office Use Only:

Check Desired Action	530
Transaction In	Transaction out
<input type="checkbox"/> New Enrollment-Date	<input type="checkbox"/> Transfer Out-Date
From	To
<input type="checkbox"/> Re-entry-Date	<input checked="" type="checkbox"/> Withdrawn-Date 11-4-93
From	To OVER 18
<input type="checkbox"/> Transfer In-Date	
From	
Submitted By	Submitted By S. Sims
Change on Student's File	
Submitted By	

Pupils Programming and Remarks	525
Total Number of Carnegie Units:	
Subject-Marks	Subject-Marks

TO CENSUS OFFICE
 FORM #7846 Revised 6/93

STUDENT COPY

CC 0250

9

MOORE, LEE E.
STU # 000750291 ID 000750291
1280 MEREDITH DR
BORN 10/19/74 MALE
RANK: (Based on Major subjects only) COLLEGE RECOMMENDATION: Grades A through C

ADDRESS Cincinnati, Ohio 452
PARENT OR GUARDIAN: Cum. Ave. in a class of 8 Semesters: Cum. Ave.

000750291	1989-90	MOORE, LEE E.	
CUM-	1.04761		
PREVIOUS CREDITS-			.000
PHYS ED I	C	D	C
HEALTH I	C	D	D
ENGLISH I	C	D	D
GENERAL MATH	D	D	D
C/P FRENCH I	C	F	F
ART I KINGDOM	F	D	D
TOTAL CREDITS-			3.750

ENG II MATH, S.S., 91 D C C 1.000
Foods I - 1/2
Type I - 1/2

credits earned as of 8-92
89-90 - 3 3/4
90-91 - 2 foods } 8 + S.S. - 1
91-92 - 1 summer school
6 3/4
Eng, I, II - III
Math - (pr. math)
ma. / go. to mom's employ
+ sp. w. all teachers

MT. HEALTHY HIGH SCHOOL
2046 Adams Road
Cincinnati, Ohio 45231
Guidance Office
(513) 729-0181
OFFICIAL TRANSCRIPT
DATE 2-19-93
Juan Don
Registration



MT. HEALTHY HIGH SCHOOL

2046 Adams Road, Cincinnati, Ohio 45231

Guidance Office
(513) 729-0130

WITHDRAWAL PERMIT

PUPIL Lee Moore (750291) GRADE 10 DATE 1/29/93

REASON moving out of district

AUTHORIZATION _____

PERIOD	SUBJECT	GRADE TO DATE	BOOKS RETURNED			TEACHER SIGNATURE	AMOUNT OF FEE	
			YES	NO (BOOK NO.)	N/A		OWED	REFUND
1	Meteorology	N/A		✓ 36-78		Fallen	(21.00)	-0-
2	English III	N/A		✓ 178-78 ^{McDougal} _{Little}		CPW	(21.00)	
3	Amer. History	N/A		✓ No return		Walker	(48.00)	
4	G. Alg. I Pt. 1	NA		✓ 228-87		W.E.	(56.00)	
5	P.E. II	N/A	✓			Terry		
6	Careers	I		✓		RTZ	(14.50)	

LIBRARY

P. Baker 1/29/93

ADMINISTRATIVE OFFICE

Deland Stearns

COUNSELOR

R. Stacy

ATTENDANCE OFFICE (Mrs. Weill)

Nancy Weill

FEES OR OBLIGATIONS (Mrs. Keller)

X

DATA PROCESSING (Mrs. McCann)

Jordan McCann

ATHLETIC OFFICE (Mrs. Stragand)

Stragand

Lee E. Moore

Parent or Guardian Signature
(TO RELEASE RECORDS)

31
21
18
26
14.50
100.50

CC 0253

NAME

Last Max e, Lee First E Middle

Enter information in pencil

IMMUNIZATION

TYPE	DATE MO/DAY/YR	DATE MO/DAY/YR	DATE MO/DAY/YR	DATE MO/DAY/YR	DATE MO/DAY/YR
DPT	11/24/74	12/28/74	2/4/75	4/26/76	1/1/77
TD	1/1/75	1/1/75	1/1/75	1/1/75	1/1/75
POLIO	12/24/74	2/24/75	6/23/75	4/26/76	6/12/79
MEASLES	12/31/75	1/1/76	10-31-75	FI-E	UNACC
RUBELLA	10/31/75	1/1/76			
MUM	12/4/82	1/1/76			
OTHER	1/1/76	1/1/76	1/1/76	1/1/76	1/1/76

Required by compulsory immunization law; 4 DPT; 3 Polio; 1 Live Measles Vaccine on or after child's first birthday; and 1 Rubella.

TUBERCULIN

DATE MO/DAY/YR	TYPE	RESULT	DATE MO/DAY/YR	TYPE	RESULT
1/1/76	Jen	Pbs	1/1/76		

POSTURAL SCREENING (SCOLIOSIS)

DATE MO/DAY/YR	RESULTS (Positive or Negative)	DATE REFERRED	ACTION TAKEN
1/1/76		1/1/76	
1/1/76		1/1/76	
1/1/76		1/1/76	
1/1/76		1/1/76	

DENTAL**TYPE OF PREVENTION PROGRAM**

FLUORIDE (Check)	WATER SUPPLEMENT	MOUTH RINSE	NO. OF YEARS	INSTRUCTION (Type of Program)	NO. OF YEARS

DENTAL REPORT (Date Examined)

DENTAL DISORDER (Date Reported)
(See enclosed Dental Record)

1/1/76	1/1/76	1/1/76	1/1/76	1/1/76	1/1/76
--------	--------	--------	--------	--------	--------

CC 0254

HEARING

DATE MO/DAY/YR	AUDIOMETRY RESULTS (Pass/Fail)		OTHER TESTS (Specify)		DATE REFERRED	ACTION TAKEN (AM, Seating, Lip Reader, T/A, Tubes, etc)
	R	L	R	L		
1/1/76					1/1/76	
1/1/76					1/1/76	
1/1/76					1/1/76	
1/1/76					1/1/76	
1/1/76					1/1/76	

SPEECH and LANGUAGE

DATE MO/DAY/YR	NORMAL	DISORDERS (Check)			DATE REFERRED	Speech Ther. Eval.	ACTION TAKEN (Check)
		Artic.	Rhythm	Voice			
1/1/76					1/1/76		
1/1/76					1/1/76		
1/1/76					1/1/76		
1/1/76					1/1/76		
1/1/76					1/1/76		

VISION

DATE MO/DAY/YR	DISTANCE ACUITY		WEARS GLASSES	DATE REFERRED	ACTION TAKEN
	R	L			
1/1/76				1/1/76	
1/1/76				1/1/76	
1/1/76				1/1/76	
1/1/76				1/1/76	
1/1/76				1/1/76	

MUSCLE BALANCE (Pass or Fail)

Distance

Near

FARSIGHTEDNESS (Pass or Fail)

COLOR (BOYS ONLY) (Pass or Fail)

SPECIAL NEEDS

DATE MO/DAY/YR	SPECIAL NEEDS OR CONDITIONS (See enclosed explanation)			TEACHER ALERTED
	DATE	DATE	DATE	
1/1/76				

ADDITIONAL SCREENING

DATE MO/DAY/YR	TEST	RESULT	TEST	RESULT
1/1/76				

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

COPY

909 Sycamore Street, Suite 300
Cincinnati, Ohio 45202
Phone: (513) 651-9300
Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
Executive Director

NANCY SCHMIDTGOESSLING, PH.D.
Director

WILLIAM WALTERS, PH.D.
Assistant Director

GAIL HELLMANN, M.D.
Medical Director

MARILYN GEEDING, L.I.S.W.
Treatment Coordinator

SHERRY SANDERS, L.P.C.C.
Forensic Liaison

CHARLOTTE E. HOLLAND
Office Manager

September 13, 1994

Orthopedic Diagnostic and Treatment Center
Attn: Dr. Stearn or Dr. Henderson
3333 Vine Street
Suite 700
Cincinnati, Ohio 45220

BOARD OF TRUSTEES:

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UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

RE: Lee Edward Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell

Jenny O'Donnell, B.S.
Psychology Trainee

CC 0255

PATIENT OFFICE NOTES

PATIENT'S NAME

DOB

ADDRESS

MOORE, LEE #8363

09/08/87 - SEEN BY DR. HENDERSON; RT HANDED 12 YR OLD MALE; REFERRED BY DR JAMES KEGLER; LTR DICTATED; INJ RT HAND 8-27-87; MULT PROXIMAL PHALANGEAL FXS, SALTER 2; SEEN AT CHILDRENS HOSP; XRAYS TAKEN THERE; FOLLOW UP HERE; EXAM: SPLINT OFF; TENDER AT 4TH & 5TH PROXIMAL PHALANGES; 3RD NOT TENDER; XRAYS REVIEWED. LITTLE VALGUS DEFORMITY; NO SIGNIFICANT PROBLEM PUT IN DENAR CUTTER PLASTER SPLINT; SEE IN 9 DAYS; SPLINT OFF; XRAY HAND 3 VIEWS OUT OF PLASTER ON RETURN; SPLINT INSTRUCTIONS;

MOORE, LEE #8363

09/17/87 - SEEN BY DR. HENDERSON; SPLINT OFF; NO DEFORMITY; NO TENDERNESS; XRAYS FINE; NO CALLOUS YET; RECOMMEND: ROM EXERCISE; SEE 3-4 WKS; REPEAT HAND XRAYS ON RETURN;

MOORE, LEE #8363

04/02/90 - SEEN BY DR. STERN; ED; TWISTED HIS ANKLE PLAYING FOOTBALL; HE HAS FX'D LATERAL MALLEOLUS; TREATMENT, NON-DISPLACED SHORT LEG FG WALKING CAST; RECHECK IN 2 WKS; AT THAT TIME WILL TAKE THE CAST OFF, REPEAT HIS XRAY; MAY SWITCH HIM TO AIR CAST IF EVERYTHING LOOKS BETTER; HE IS 15YO;

MW

MOORE, LEE #8363

04/16/90 - SEEN BY DR. STERN; ED; HIS ANKLE IS DOING PRETTY GOOD; SEE IN 2 WKS FOR RECHECK IF HE'S HAVING ANY TROUBLE, IF HE'S NOT HAVING TROUBLE, HIS MOTHER WILL CANCEL HIS APPOINTMENT BUT HE WILL BE CHECKED IN 6 MOS FOR A GROWTH CHECK; HE HAD A FX OF THE LT DISTAL FIBULA;

MM

4/30 PC

MOORE, LEE #8363

03/26/91 SEEN BY DR. HENDERSON AT VINE; PRESENTS ALTERCATION. SUSTAINED INJURY TO HIS NON-DOMINANT LT HAND. SWELLING ABOUT BASE OF 1ST METACARPAL, MIN ANGULATED FX BASE OF 1ST METACARPAL, NON-INTRAARTICULAR. THUMB SPICA CAST APPLIED. RTN 7-10 DAYS FOR RPT XRAYS OF THUMB IN CAST. TOTAL CASTING 4-6 WKS. CR.

MOORE, LEE #8363

04/05/91 SEEN BY DR. HENDERSON AT ED; NEUROVASCULAR INTACT. CAST IN GOOD REPAIR. XRAYS SHOW FX IN GOOD POSITION. RTN 3 WKS, CAST OFF, XRAY THUMB. CR.

MOORE, LEE #8363

04/19/91 SEEN BY DR. HENDERSON AT ED; 3 1/2 WEEKS POST BASILAR THUMB METACARPAL FX. NO SIGNIFICANT TENDERNESS. X-RAY SHOWS ADEQUATE POSITION. MINIMAL HEALING. PUT HIM BACK IN THUMB SPICA CAST. RTN 2 WEEKS. CAST OFF. X-RAY HAND. CF

CC 0256

PATIENT OFFICE NOTES

PATIENT'S NAME

DOB

MOORE, LEE #8363

05/03/91. SEEN BY DR. HENDERSON AT ED; CAST OFF. NO TENDERNESS AT HIS
FRACTURE SIGHT. MINIMAL BONY PROMINENCE. I EXPLAINED TO
PTNT'S MOTHER THAT THIS WILL FLATEN SOME ALTHOUGH IT STILL
WILL BE PRESENT, BUT WILL NOT AFFECT HIM FUNCTIONALLY.
X-RAYS SHOW FRACTURE TO BE NICELY HEALED. RECOMMENDED:
ACTIVITIES AS TOLERATED. RTN PRN. CF

CC 0257

MT. HEALTHY HIGH SCHOOL 2046 Adams Road, Cincinnati, Ohio 45231 Phone: 729-0130

MOORE, L. E.
 STU # 000750291 ID 000750291
 1280 MEREDITH DR
 BORN 10/19/74 MALE

RANK: (Based on Major subjects only) COLLEGE RECOMMENDATION: Grades A through C

6 Semesters: _____ In a class of _____ Cum. Ave. _____ 8 Semesters: _____ in a class of _____ Cum. Ave. _____

A = 90-100 (Excellent) W or will
 B = 80- 89 (Above Avg.) be graduated
 C = 70- 79 (Average)
 D = 60- 69 (Below Avg.)
 F = 0- 59 (Failing)

W.D. 4-17-91
 W.D. 5-1-91
 W.D. 1/29/91

000750291 1989-90 MOORE, LEE E.
 CUM- 1.04761 .000
 PREVIOUS CREDITS- C
 PHYS ED I D .250
 HEALTH D .500
 ENGLISH I D 1.000
 GENERAL MATH D 1.000
 C/P FRENCH I C F
 ART I D 1.000
 ANIM KINGDOM F
 TOTAL CREDITS- 3.750

000750291 1990-91 MOORE, LEE E.
 CUM- .81081 3.750
 PREVIOUS CREDITS- C
 ENGLISH II/SS D W
 ENGLISH II D W
 GEN ALG I-P1 F W
 WORLD HIST F W
 KEY/TYP I P1 C W
 CAREER EXP C W
 BEGIN FOODS D
 TOTAL CREDITS- 4.750
 Not Ranked

000750291 1991-92 MOORE, LEE E.
 CUM- .81081 4.750
 PREVIOUS CREDITS- C
 WORLD HISTORY/SS C W
 GEN ALG I-P1 F W
 WORLD HIST F W
 ENGLISH III F W
 ASTRONOMY F W
 ECOL/CONSERV F W
 INTRO PHOTO F W
 TOTAL CREDITS- 5.750
 Not Ranked

MT. HEALTHY HIGH SCHOOL
 2046 Adams Road
 Cincinnati, Ohio 45231
 Guidance Office
 729-0130, Ext. 28

OFFICIAL TRANSCRIPT

DATE

10-24-94

Susan Down

Counselor

K. G. G. G.

CC 0258

CC 0259

Jenny

DEPARTMENT OF PUPIL PERSONNEL
Use of Student Data

The enclosed student data has been produced for your use only. According to the "Family Education and Privacy Act of 1974", you are forbidden to share this data with outside agencies or concerns without first obtaining written permission from the parent, or in some cases, informing the person that the data will be released.

0P-11c

CC 0260